

C OORDINATION NEWSLETTER

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What is Postpartum Depression?



After delivering a baby, many new mothers are surprised when they experience a few days of feeling "blue." Some women find they cry easily and describe this time as feeling slightly "sad," or "being down."

To mothers and families it can seem like a strange feeling to have, especially after successfully delivering a baby. Some mothers think, "I should be happy, what's wrong with me?" Generally, this blue period only lasts for about 3-5 days postpartum. Up to 80% of women experience the "blues."

Onset is usually 3-5 days after delivery and symptoms subside within several weeks (Perinatal Mood Disorders by Pec Indman Ed.D, MFT). Given the hormonal shifts the woman is experiencing as her body readjusts to its pre-pregnancy state and the demands of her new role as mother, a few days of feeling a little blue is certainly not an uncommon occurrence.

Sometimes the baby blues lasts for longer than the usual few days and the feelings of sadness even begin to escalate. When that's the case, the woman may be experiencing what's known as postpartum depression.

What is Postpartum Depression?

Symptoms

Instead of feeling "just a little

down," new mothers can feel uncontrollably miserable, become tearful daily, have problems sleeping (not just because the baby wants to feed or is crying), lose interest in doing anything, feel listless, lose their appetite, and feel overall hopelessness. If these symptoms last for more than a week or two, a woman may be experiencing postpartum depression. This condition is more common than many people realize. The American College of Obstetricians and Gynecologists estimate 1 out of 10 new mothers experience postpartum depression.

It is extremely important that mothers are aware of the symptoms of postpartum depression because:

Postpartum

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Folic Acid - Every Woman, Every Day

What is folic acid and why do I need it?

Folic acid is a B-vitamin your body needs everyday to be healthy. And, if you become pregnant, it lowers your chances of having a baby with serious birth defects of the brain or spinal cord. It may also

lower your chances of having a baby with birth defects of the heart, lip, or mouth.

When is folic acid important for me?

Folic acid is good for all women, even if they don't plan on getting pregnant. It

is especially important to have enough folic acid in your body before you get pregnant and during the first months of pregnancy.

What are the other benefits of folic acid?

Folic Acid

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CPSP Provider Training Calendar



Spring 2002

****Please note registration insert in this newsletter****

Program Overview

Date: May 21, 2002

Time: 8:00 am until 4:30 pm

Steps to Take Basic Overview

Dates: May 22 and 23, 2002

Time: 8:00 am until 4:30 pm each day

The CPSP Program overview is designed to familiarize new and potential CPSP providers with the requirements of the program.

The CPSP Steps-to-Take training is designed for new CPSP providers, who have yet not conducted a client assessment or provided health education, psychosocial or nutrition counseling.

Locations: Onsite videoconference training location:
Mt San Antonio College, Building #6 - Room 160

****Simultaneous remote telecast to the following locations:**

•San Diego •San Francisco Bay Area •Fresno •Sacramento

See insert for specific locations. This is not a Medi-Cal billing training.

Fall 2002

Program Overview

Date: October 16, 2002

Time: 8:00 am until 4:30 pm

Locations to be announced

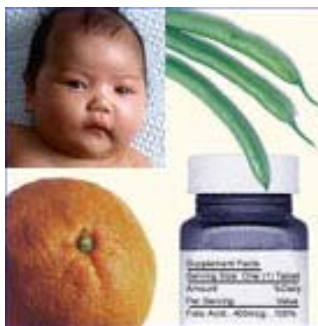
Steps to Take Basic Overview

Dates: October 17 and 18, 2002

Time: 8:00 am until 4:30 pm each day

Locations to be announced

Folic Acid-continued from page 1



Taking folic acid daily throughout life may reduce the risk of having:

- Heart disease
- Stroke
- High blood pressure
- Some types of cancer

How can my family and I get enough folic acid (400 mcg) every day?

- Eat one serving of a cereal that has all the folic acid you need every day.

Or

- Take a vitamin pill that has all the folic acid you need every day.

It also helps to get extra folic acid (folate) from a healthy diet that includes foods high in folate like beans and lentils, dark

green leafy vegetables, citrus fruits and juices, and nuts. Synthetic (manufactured) folic acid is added to certain grain products, including flour, rice pasta, cornmeal, bread and cereals. These foods are considered "fortified" with folic acid. But, you still have to eat cereal or take a vitamin pill every day to get all the folic acid you need.

Folic acid is important if you may soon become pregnant or you are in the early weeks of pregnancy.

Postpartum Depression-continued from page 1

1. There is treatment and help for this condition.
2. When left untreated, postpartum depression significantly diminishes the joy of motherhood.
3. Postpartum depression can interfere with, or even negatively impact, the new and growing relationship between the mother and her baby.
4. Research shows that infants of depressed mothers are at risk of experiencing depression, as well.

Women who suffer from postpartum depression can too easily go undiagnosed. Typically, an obstetrician will see a new mother only once postpartum, usually for a six-week check-up.

The family physician or pediatrician may only see a new mother and child once during the first few weeks and then every two months for well-child check-ups.

New mothers know their normal range of moods and should actively seek help if they are experiencing depression that lasts for longer than a few days.

Causes

The exact causes are uncertain. Factors that have been considered include:

Emotional factors

- A diminished sense of importance or purpose--feeling let down--after getting through pregnancy and childbirth.

- When a woman is no longer pregnant, symptoms of depression over past losses can be triggered.

- Worrying about the responsibility of caring for a new baby.

- A woman's personal history of what it can mean to be a mother parenting a child may bring up extremely negative or uncertain feelings.

Physical factors

- Hormones and other biologic substances as a woman's body switches from pregnancy back to its usual make-up and state.


- Sleep deprivation and exhaustion from taking care of a new baby.

Treating Postpartum Depression

The sooner postpartum depression is treated, the sooner recovery can begin and the sooner the woman can more fully enjoy life as a new mother! There are therapists who are especially experienced at helping women who are suffering from postpartum depression. Therapy provides a safe, comforting, and confidential setting in

which to receive the kind of help and understanding that can best assist in first relieving, then understanding, and finally recovering from the effects of this condition. With therapy, it can take as few as one to two weeks for women to receive relief from their postpartum depression symptoms.

CPSP staff must be alert, i.e., recognize signs and symptoms of postpartum depression during clinic or office visits and provide referrals as appropriate for further mental health assessment. You may contact your local Perinatal Service Coordinator if you need assistance in identifying a referral resource or for additional information refer to your Steps to Take manual.



CPSP staff must be alert to Recognize-Assess-Refer and follow up for postpartum depression. You may contact your local PSC Coordinator for questions about referrals or refer to Steps to Take Manual

New MCH/CPSP Staff **Please join us in welcoming**

Ellen J. Stein, M.D., M.P.H.
Chief, Epidemiology and Evaluation Section
(916) 657-2981

Susann J. Steinberg, M.D., A.B.P.M.
Chief, Programs and Policy Section
(916) 657-1363

Our goal is to provide the highest level of quality training possible.

Order Additional Training Manuals

Effective April 1, 2002 you may order additional Steps to Take Manual or Provider Handbook by calling Cassandra Mack at (909) 594-5611 extension 6115 or you may **download** these publications at no cost from the website: www.cpsptraining.org

Mt. San Antonio College *New CPSP Training and Materials Provider*



We are pleased to inform you that Mt. San Antonio College (Mt. SAC)-Regional Health Occupations Resource Center (RHORC) has been selected to provide the MCH/CPSP Training and Materials Project for program years 2002 through 2004.

Mt. San Antonio College, founded in 1947 is the largest community college in the state, serving about 40,000 students each year. Mt. SAC, located in Walnut CA., is committed to quality education and academic excellence.

The Mt. SAC-RHORC is one of eight funded centers in the state. Our mission is to link California health care industry and community colleges in partnership for successful workforce development and to decrease the cultural ethnic disparity in health care.

We will utilize Information and Internet technology to its full capacity as a mechanism for training and dissemination of information. This will include, over the next three years, video-conferencing with remote simultaneous telecast and training from Mt. SAC to the following areas: San Francisco, Sacramento, Fresno, and San Diego. Additional training sites will include Salinas, Eureka, Chico and Redding.

The new contractor CPSP training website will serve as a vital resource for downloadable documents, manuals, and newsletters. You will be able to register online and communicate with staff and each other.

Additional courses will be developed and placed online for distance learning and self-study activity, including Provider Handbook, Steps to Take, New PSC and CPHW. This technology will allow us to

reach and train providers located in the remote or rural areas of the state and make training more accessible and convenient.

Our goal is to provide the highest level of quality training possible.

Our offices are located on the campus of Mt. San Antonio College, 1100 N. Grand Avenue, Building 35, Walnut, California 91789 (between the cities of Pomona and City of Industry). You can reach at (909) 594-5611 Ext. 6101, fax us at (909) 468-4093 or e-mail us at 9cmack@mtsac.edu.

STAFF

Elizabeth A. Duncan, RN, BSN, PHN is the Project Director-Extension 6107. Cassandra Mack, Administrative Assistant-Extension 6115. Kevin Hill, Systems Analyst/Project Specialist-Extension 6114.



Visit the New Contractor CPSP Website
provided by Mt. SAC (effective April 1, 2002)

www.cpsptraining.org

This website serves CPSP Providers, Perinatal Service Coordinators (PSC's), clients and consumers alike. This site is a portal to the latest CPSP training information and materials. Providers are able to download all training manuals, newsletters and related materials to enhance their knowledge and delivery of care. PSC's have direct access to information, training manuals, CPSP guidelines, policy and procedures to enhance their knowledge. Clients and consumers have access to direct program information and other perinatal related topics and issues.

Provider Profile

San Bernardino County Maternal Health Clinics



Our mission is to improve pregnancy outcomes and child health development by promoting family and community health and service provider participation and responsibility.

The San Bernardino County Maternal Health Clinics provides comprehensive CPSP perinatal services from four locations in the inland empire, Ontario, Fontana, San Bernardino and Victorville. The county clinics have participated as a CPSP provider since February 1988. They are recognized as the number one provider in the County of San Bernardino and number four in the state. These clinics serve high- risk women with many physical, social and economic challenges.

All clinics operate in the same manner featuring staggered day and evening hours of operation to enhance accessibility. Each clinic site has the full array of staff, including physician, Registered Nurse, Licensed Vocational Nurse, HAS's or CPHW's. Nutritionist and Social Workers are available on site at scheduled hours.

During the month of January, the four clinics provided a total of 725 prenatal care visits to patients. Out of this 725, 140 were new patients. The delivery of patient services is consistent at all sites, providing patients some or all of the following services.

1. PE (Presumptive Eligibility). We have a Medical Eligibility Worker twice a week to assist clients with their application to Medi-Cal.
2. Referrals to Sweet Success if needed
3. Referral for genetic testing as appropriate
4. Confidential morbidity report (CMR) to SD clinic for coordination of treatment.
5. Onsite Nutritionist in clinic once a week to provide classes and nutritional counseling. Nutritionist is also a lactation consultant
6. At the Ontario and Victorville sites the WIC offices are on the premises making it very convenient to our patients
7. Referral to Family Planning after the delivery (their clinics are also on the premises at all clinic locations)
8. Distribution of the New Baby Kit to patients
9. Referrals to PALS (Perinatal and Adolescent Life Section)
10. Referrals to BIH (Black Infant Health)
11. Referrals to POE (Perinatal Outreach and Education)
12. Referrals to Mental Health counseling as indicated

This article was developed in collaboration of Julie Martin, PHCS, Supervisor Ontario and Fontana clinics.

Welcome New Perinatal Service Coordinators (PSC's)

GLENN COUNTY HEALTH DEPT

Nadine Veit, PHN
and Rocio Lorenz, PHN, Assistant PSC

IMPERIAL COUNTY HEALTH DEPT

Pam Kennedy, RN

KERN COUNTY HEALTH DEPT

Shalise Pollock, PHN

LONG BEACH HEALTH DEPT

Angel Hopson, RN, PHN

LOS ANGELES COUNTY HEALTH DEPT

Jean Floyd, PHN, Assistant PSC

MADERA COUNTY PUBLIC HEALTH

Kari Moore, PHN

NAPA COUNTY HEALTH DEPT

Jeri Masuda, PHN

PLUMAS COUNTY HEALTH DEPARTMENT

Tammy White, PHN

RIVERSIDE COUNTY HEALTH DEPT

Diane Ewing, RN Manager

SACRAMENTO COUNTY HEALTH DEPT

Vicki Murphy, RN

SAN BENITO COUNTY HEALTH DEPT

Catherine Farnham, CHN

SANTA CRUZ COUNTY HEALTH DEPT

Barbara Rice, PHN

SIERRA COUNTY HEALTH DEPT

Janis Hardeman, PHN

SUTTER COUNTY HEALTH DEPT

Joy Denham, PHN

YUBA COUNTY HEALTH DEPT

Brent Garbet, RN

RHORCLA

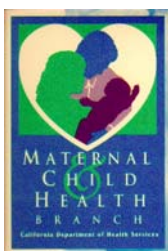
MT. SAN ANTONIO COLLEGE

Regional Health Occupations Resource Center

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BUILDING 35
WALNUT, CA 91789

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ADDRESS CORRECTION REQUESTED



COORDINATION NEWSLETTER - The Comprehensive Perinatal Services Program (CPSP)

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Medi-Cal Questions File

by Jeanne Machado-Derdowski, DHS Medi-Cal Research Analyst

Website Resources

- Dept. Of Health Services-
Maternal and Child Health Branch:
www.mch.dhs.ca.gov
 - CPSP:
www.mch.dhs.ca.gov/programs/cpsp
- Mt. San Antonio College:
www.cpsptraining.org
- Los Angeles County Public Health:
www.lapublichealth.org/mch
 - March of Dimes:
www.modimes.org
- American Psychology Association:
www.apa.org
 - www.postpartum.net
 - www.postpartum.org
- Medi-Cal Policy Division:
www.medi-cal.ca.gov

Q: Who can bill for the Z1036 code?

A: Only a certified CPSP provider can bill for the "10th Visit" obstetric office visit using service code Z1036.

Q: Does Medi-Cal reimburse for CPSP through telemedicine?

A: Not at this time.

The Telemedicine Act of 1996 made the practice of telemedicine a legitimate means by which an individual may receive medical services from a health care provider without requiring person-to-person contact with the provider. This legislation allows health care providers to examine patients at distant sites using interactive audio and video equipment. Refer to the Inpatient/Outpatient Medi-Cal Provider Manual under "Medicine-Telemedicine" for more information.

Under the Medi-Cal program, only psychiatric diagnostic interview examinations and selected psychiatric therapeutic services for patient visits and consultations may be reimbursed when performed through telemedicine. Medi-Cal is researching the possibility of expanding Telemedicine benefit.

CPSP0115